



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 19, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Sam's Club, 4900 North 27<sup>th</sup> Street. Sam's Club holder of a class D liquor license requests this liquor license be upgraded to a class C liquor license.

Roland Metrose will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Metrose has completed the required training

Stockholder information is included for your review.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



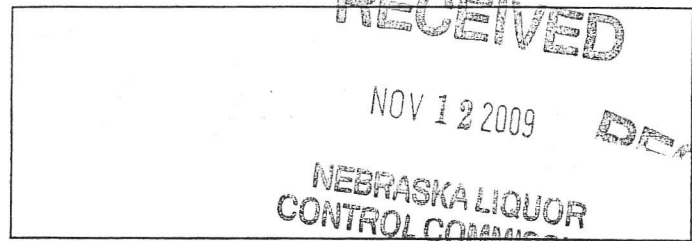
A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 = 3/1/2010



## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

		FILED	Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY		\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY		\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE		\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY		\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY		\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)		\$100.00

JAN 15 2010  
CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

### MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Sandy Fletcher

Phone number: 479-204-2258

Firm Name Sam's West Inc.

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**PREMISE INFORMATION**

Trade Name (doing business as) Sam's Club 6413

NOV 12 2009

Street Address #1 4900 NORTH 27TH STREET

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #2 \_\_\_\_\_

City LINCOLN

County Lancaster

# 2

Zip Code 68521

Premise Telephone number 402 438 3540

Is this location inside the city/village corporate limits:

☐

YES

☐

NO

not  
marked  
old license  
states  
inside  
limits

Mail address (where you want receipt of mail from the commission)

Name Sam's West, Inc

Street Address

#1 702 SW 8th Street Bentonville, AR 72716-0500

Street Address

#2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

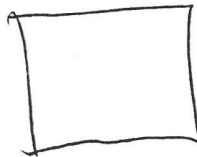
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

one story  
building approx 350x360

no basement



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

### 2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

*Replaces 26663*

*upgrading*

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

**No silent partners**



8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES

☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 58-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES

☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR  
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

US BANK

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Bolanda Meirose		4 yrs manager at this location

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? currently open

15. What will be the main nature of business? wholesale discount merchandiser

16. What are the anticipated hours of operation? 8-8 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Ridgefield, CT	2001	2004	Same		
Pleasanton, CA	2004	2007	Same		
Dallas, TX	2007	2009	Same		
Bentonville, AR	2009		Same		

Brian Cornell

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ Brian Cornell  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

✓ Martha Cornell  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

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NEBRASKA LIQUOR  
CONTROL COMMISSION

State of ~~Nebraska~~ Arkansas

County of Benton

The foregoing instrument was acknowledged before me this 11/10/09 by

Brian Cornell

Sandra Zlotner  
Notary Public signature

Affix Seal Here

County of Benton

The foregoing instrument was acknowledged before me this 11/10/09 by

Martha Cornell

Sandra Zlotner  
Notary Public signature

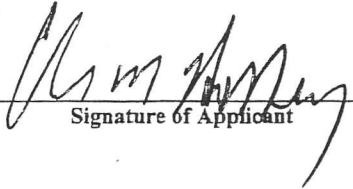
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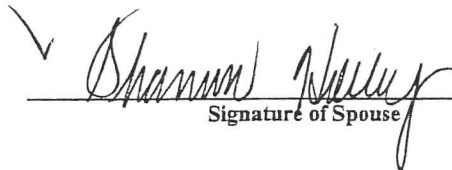
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Charles  
✓

  
Signature of Applicant

✓   
Signature of Spouse

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NOV 12 2009

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Arkansas

County of Benton

The foregoing instrument was acknowledged before me this 11/10/09 by

Charles Holley  
Sandra Zlotcher  
Notary Public signature

County of Benton

The foregoing instrument was acknowledged before me this 11/10/09 by

Shannon Holley  
Sandra Zlotcher  
Notary Public signature

Affix Seal Here


Affix Seal Here

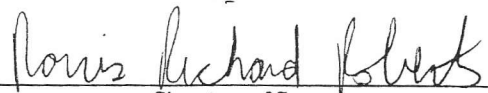
in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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Karen ✓   
\_\_\_\_\_  
Signature of Applicant

✓   
\_\_\_\_\_  
Signature of Spouse

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of ~~Nebraska~~ Arkansas

County of Benton

The foregoing instrument was acknowledged before  
me this 11/10/09 by

Karen Roberts  
Sandra Fletcher  
Notary Public signature

County of Benton

The foregoing instrument was acknowledged before  
me this 11/10/09 by

Norris Richard Roberts  
Sandra Fletcher  
Notary Public signature

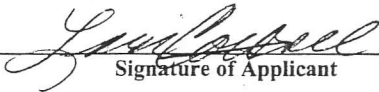
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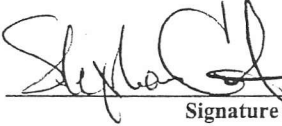
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✓   
Signature of Applicant

✓  RECEIVED  
Signature of Spouse NOV 12 2009

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse NEBRASKA LIQUOR CONTROL COMMISSION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of ~~Nebraska~~ Arkansas

County of Benton

The foregoing instrument was acknowledged before me this 11/10/09 by

Lori Cottrell  
Sandy Zlitcher  
Notary Public signature

County of Benton

The foregoing instrument was acknowledged before me this 11/10/09 by

Stephane Cottrell  
Sandy Zlitcher  
Notary Public signature

Affix Seal Here

Affix Seal Here

STATE OF SOUTH DAKOTA  
DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH

FILE NUMBER: 140-1962

NAME: ROLAND LEONARD MEIROSE

SEX: MALE

DATE OF BIRTH:

FILE DATE: 11/20/1962

COUNTY OF BIRTH: YANKTON

MOTHER'S NAME

PRIOR TO FIRST MARRIAGE: RITA ANN KUCHTA

FATHER: GERALD WILLIAM MEIROSE

*This is a true certification of the official Vital Record  
filed in the Department of Health as provided in  
Chapter 34-25 of the SOUTH DAKOTA CODIFIED LAWS.*

*Anthony C Nelson*

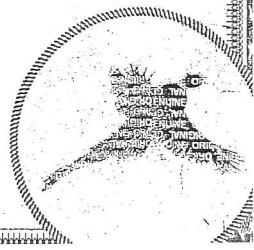
ANTHONY C NELSON  
STATE REGISTRAR

12/21/2009

DATE ISSUED



SD0755732





# MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*Voter reg*  
*need*  
*BC ✓ ok*  
*signature page ✓ ok*

## Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC:

Sam's West, Inc

## Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

Sam's Club 6413

Premise Street Address:

4900 North 27th Street

City:

Lincoln

Zip Code:

68521

Premise Phone Number:

402 438 3540

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



NOV 12 2009

NEBRASKA LICENSING  
SPONSORSHIP COMMISSION

Applicant's information must be completed below. PLEASE PRINT CLEARLY.

Gender: ☒ MALE ☐ FEMALE

Last Name: Meirose First Name: Roland MI: L

Home Address (include PO Box if applicable): 4920 NW 8th St.

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-438-4540 Business Phone Number: 402-438-3540

Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Yorkton, SD

Are you married? If yes, complete spouse information (even if a spousal affidavit has been filed with you)

☒ YES

☐ NO

Spousal

Spouse's information

Spouses Last Name: Meirose First Name: Deborah MI: D

Social Security Number: [REDACTED] Drivers License Number & State: NE

Date Of Birth: [REDACTED] Place Of Birth: TINDAL, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCES FOR THE PAST 10 YEARS

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Lincoln, NE		1993	Present	Same as spouse			
4920 NW 8th St.							
68521		Lived there 16 years					

EMPLOYERS AND EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1985 Present	Walmart Stores Inc.	Noel Williams	479-899-2818

NOV 12 2009



## 1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES☒ NO

If yes, please explain below or attach a separate page.


## 2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☒ YES☐ NO

Current SAM's Club Liquor License

## 3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES☐ NO

## 4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☐ YES☒ NO

need prints prints submitted

12-22-09

## 5. Do you have any experience in selling alcohol in the State of Nebraska? If so list training and/or experience (when and where)

money (fees) submitted 12-23-09

Date:	Where:
FA 2001 to Present	SAM's Club as Manager

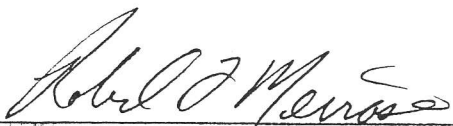
Completed the Hospitality of Council Mgmt Training on

10/9/08


The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of

Lancaster

County of

Lancaster

The foregoing instrument was acknowledged before me this December 18, 2009 by

Roland L. Meirose

Lisa L. Finnell

Notary Public signature

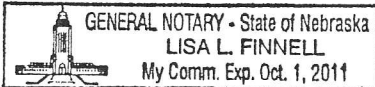
The foregoing instrument was acknowledged before me this December 18, 2009 by

Deborah A. Meirose

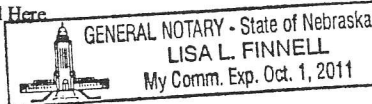
Lisa L. Finnell

Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required, however, I am obligated to sign and disclose any information on all applications needed to process this application.

x Deborah A. Meirose

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Deborah A. Meirose

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

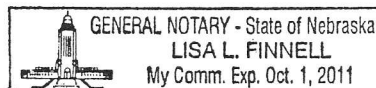
December 18, 2009  
date

Lisa L. Finnell  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Deborah A. Meirose  
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Roland L. Meirose  
Signature of individual involved with application  
(Spouse of individual listed above)

State of Nebraska

County of Lancaster

12/18/09  
date

Lisa L. Finnell  
Notary Public signature

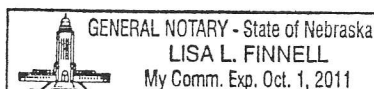
Roland L. Meirose

Printed name of applying individual

The foregoing instrument was acknowledged before me this

by Roland L. Meirose  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

\* I have been Club mgr in Lincoln, Club 64B  
since May, 2001. That will be 9 years in May.



APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
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Office Use

RECEIVED

NOV 12 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

✓ Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

✓ Name of Registered Agent: CT Corporation System. Lincoln NE

Name of Corporation that will hold license as listed on the Articles

Sam's West Inc

✓ Corporation Address: 702 SW 8th Street

City: Bentonville

State: AR

Zip Code: 72716

✓ Corporation Phone Number: 479-204-2258 Fax Number: 479-204-9864

Total Number of Corporation Shares Issued: approximately 3,973,000,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Cornell First Name: Brian MI: \_\_\_\_\_

Home Address: 11229 Talamore Blvd. City: Bentonville

State: Arkansas Zip Code: 72712 Home Phone Number: 479-224-6196

[Signature]  
Signature of president

State of Nebraska Arkansas  
County of Benton

The foregoing instrument was acknowledged before me this

11/10/09  
date

by Brian Cornell  
name of person acknowledged

[Signature]

Notary Public signature

Affix Seal Here

NOV 12 2009

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

ALCOHOL CONTROL COMMISSION

Last Name: Cornell First Name: Brian MI: C

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President and CEO Number of Shares NA

Spouse Full Name (indicate N/A if single): Martha Cornell

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
prints*

*Signed  
spousal*

Last Name: Holley (JR) First Name: Charles MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Treasurer Number of Shares NA

Spouse Full Name (indicate N/A if single): Shannon Holley

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
prints*

*Signed  
spousal*

Last Name: Roberts First Name: Karen MI: L

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: SVP & Chief Compliance Officer Number of Shares NA

Spouse Full Name (indicate N/A if single): Norris Roberts

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
prints*

*Signed  
spousal*

Last Name: Cottrell First Name: Lori MI: L

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Assistant Secretary Number of Shares NA

Spouse Full Name (indicate N/A if single): Stephane Cottrell

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
prints*

*Signed  
spousal*

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Thrasher First Name: Amy MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Asst Sec Number of Shares —

Spouse Full Name (indicate N/A if single): Not Married

Spouse Social Security Number: / Date of Birth: /

*prints*

Last Name: Farrar First Name: Tim MI: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Asst Sec Number of Shares —

Spouse Full Name (indicate N/A if single): Debra Farrar

Spouse Social Security Number: L Date of Birth: \_\_\_\_\_

*prints*

*Spousal*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: February

Ending Date: January

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
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Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED

NOV 12 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.




Signature of spouse asking for waiver  
(Spouse of individual listed below)

Stephane Cottrell

Printed name of spouse asking for waiver

State of ArkansasCounty of Benton
11/10/09  
date

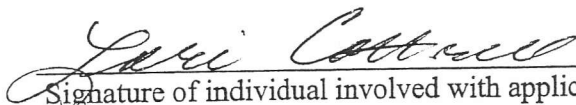
The foregoing instrument was acknowledged before me this

by Stephane Cottrell  
name of person acknowledged


Notary Public signature

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



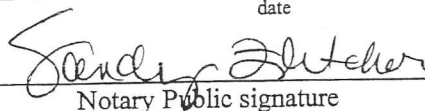
Signature of individual involved with application  
(Spouse of individual listed above)

Lori Cottrell-Assistant Secretary

Printed name of applying individual

State of ArkansasCounty of Benton
11/10/09  
date

The foregoing instrument was acknowledged before me this

by Lori Cottrell  
name of person acknowledged


Notary Public signature

Affix Seal

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

RECEIVED

Print Form

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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Office Use

NOV 12 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Shannon Holley  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Shannon Holley

Printed name of spouse asking for waiver

State of Arkansas

County of Benton

11/10/09  
date

The foregoing instrument was acknowledged before me this

by Shannon Holley  
name of person acknowledged

Sandra Fletcher  
Notary Public signature

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Charles Holley  
Signature of individual involved with application  
(Spouse of individual listed above)

Charles Holley-Treasurer

Printed name of applying individual

State of Arkansas

County of Benton

11/10/09  
date

The foregoing instrument was acknowledged before me this

by Charles Holley  
name of person acknowledged

Sandra Fletcher  
Notary Public signature

Affix Seal

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# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

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NOV 12 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Norris Richard Roberts

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Norris Richard Roberts

Printed name of spouse asking for waiver

State of Arkansas

County of Benton

11/10/09  
date

The foregoing instrument was acknowledged before me this

by Norris Richard Roberts  
name of person acknowledged

Sander Fletcher

Notary Public signature

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Karen Roberts

Signature of individual involved with application  
(Spouse of individual listed above)

Karen Roberts-Sr VP & Chief Compliance Officer

Printed name of applying individual

State of Arkansas

County of Benton

11/10/09  
date

The foregoing instrument was acknowledged before me this

by Karen Roberts  
name of person acknowledged

Sander Fletcher

Notary Public signature

Affix Seal

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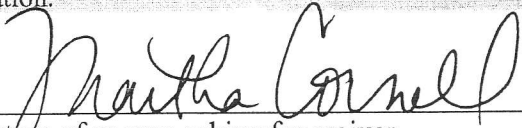
Office Use

RECEIVED

NOV 12 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

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Signature of spouse asking for waiver  
(Spouse of individual listed below)

Martha Cornell

Printed name of spouse asking for waiver

State of ArkansasCounty of Benton

11/10/09

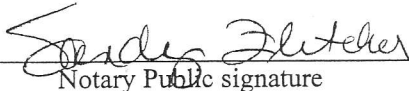
date

The foregoing instrument was acknowledged before me this

by

Martha Cornell

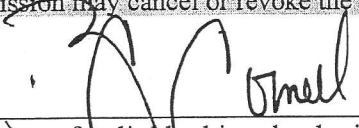
name of person acknowledged



Notary Public signature

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application  
(Spouse of individual listed above)

Brian Cornell- President &amp; CEO Director

Printed name of applying individual

State of ArkansasCounty of Benton

11/10/09

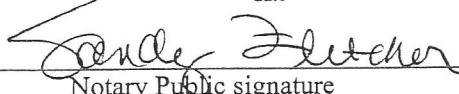
date

The foregoing instrument was acknowledged before me this

by

Brian Cornell

name of person acknowledged



Notary Public signature

Affix Seal

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# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

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Office Use

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Debra E. Farrar

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Debra Farrar

Printed name of spouse asking for waiver

State of Arkansas

County of Benton

12/21/09

date

Sandy Fletcher

Notary Public signature

The foregoing instrument was acknowledged before me this

by Debra E. Farrar

name of person acknowledged

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Tim Farrar

Signature of individual involved with application  
(Spouse of individual listed above)

Tim farrar

Printed name of applying individual

State of Arkansas

County of Benton

12/21/09

date

Sandy Fletcher

Notary Public signature

The foregoing instrument was acknowledged before me this

by Tim Farrar

name of person acknowledged

Affix Seal

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